

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Benson  
-63-011071  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED **FILED MAR 20 1963** Registration District No. **103** Primary Registration District No. **5417** Registrar's No. **10**

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1 0350						
2 0350						
3						
4 0						
5 1						
6						
7 0						
8 0						
9 4201						
10						
11						
12 90-0						
13 2-0						
ITEM NO.	SHOULD READ					

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clay Township</b>		c. CITY OR TOWN <b>Caruth</b>	
Length of stay in 1b <b>Life</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kennett R#1</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Route 1</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Fred Edgar Chailland</b>		4. DATE OF DEATH <b>March 14 1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>Cau</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/12/1895</b>
9. AGE (last birthday) <b>67</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>
11. BIRTHPLACE (City and state of country) <b>Caruth, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Martin Edward Chailland</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ellis Felker</b>	
14. NAME OF HUSBAND OR WIFE <b>Vallie Chailland</b>		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWOne</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Vallie Chailland, Caruth, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>3-9-63</b> to <b>3-14-63</b> and last saw her/him alive on <b>3-14-63</b> Death occurred at <b>3-14-63</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Seo Benson</b> (Degree or title)		22b. ADDRESS <b>Kennett Mo</b>	
22c. DATE SIGNED <b>3/18/63</b>		22d. PLACE SIGNED <b>(Site)</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/16/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dunklin Mem. Gardens</b>	23d. LOCATION (City, town, or county) <b>Kennett Missouri</b>
24. FUNERAL DIRECTOR <b>McDaniel Funeral Ser. Kennett, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3/19/63</b>	26. REGISTRAR'S SIGNATURE <b>Sue Calensbe</b>

permit not obtained

MAR 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Kenneth R. Doherty

Licensed Embalmer No. 4886

P. O. Address Kennett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.